## L22000358272

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10/22/24--01016--028 \*\*25.00



## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
	HANDYMAN SERVICES LL	С	
SUBJECT:	Name of Lim	ited Liability Company	<u>.                                    </u>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CARLOS A SANCHEZ C	ASTILLO	
		Name of Person	<del> </del>
		Firm/Company	
	3218 12TH ST SW		
		Address	
	LEHIGH ACRES, FL 339	76	
		City/State and Zip Code	
	BANNERHANDYMANPL	.US@GMAIL.COM to be used for future annual report no	**(F
For further information c	oncerning this matter, please c	·	unication)
CARLOS A SANCHEZ	CASTILLO	239 2348863 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANNER HANDYMAN SERVICES LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
he Articles of Organization for this Limited Liability Company were filed on _	08/15/2022 and assigned
orida document number L22000358272	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
ANNER HOME IMPROVEMENTS PLUS LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	;
Principal office address MUST BE A STREET ADDRESS)	77 N
	22 888
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>
	<u> </u>
. If amending the registered agent and/or registered office address on our	records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	lorida street address
	. Florida
City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
	<del></del>	·	□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
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	<del></del>
Effec	tive date, if other than the date of filing:    09/09/2024   (optional)
Note:	ment's effective date on the Department of State's records.
Note: docur	ment's effective date on the Department of State's records.  ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Note: docur	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Note: docur he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.

Filing Fee: \$25.00